



FEDERAL ELECTION COMMISSION
1050 First Street, NE
Washington, DC 20463

Digitally signed
by Kathryn Ross
Date:
2018.08.20
12:53:49 -04'00'

STATEMENT OF DESIGNATION OF COUNSEL

Provide one form for each Respondent/Witness

EMAIL cela@fec.gov

FAX 202-219-3923

AR/MUR/RR/P-MUR# 7462

Name of Counsel: Ethan Andrew Way

Firm: Way Law Firm, P.A.

Address: 1020 E. Lafayette St., Suite 112
Tallahassee, Florida 32301

Office#: 850 412 0142 Fax#: 888 274 7998

Mobile#: 850 579 3199

E-mail: ethan@waylawfirm.com

The above-named individual and/or firm is hereby designated as my counsel and is authorized to receive any notifications and other communications from the Commission and to act on my behalf before the Commission.

8/15/2018 Mary Esther Moring
Date (Signature - Respondent/Agent/Treasurer)

Treasurer
Title

Mary Esther Moring
(Name - Please Print)

RESPONDENT: Bob Rackleff for Congress Campaign
(Please print Committee Name/ Company Name/Individual Named in Notification Letter)

Mailing Address: 502-D Hillcrest Street
(Please Print) Tallahassee, Florida 32308

Home#: _____ Mobile#: _____

Office#: 850 212 5663 Fax#: N/A

E-mail: _____

This form relates to a Federal Election Commission matter that is subject to the confidentiality provisions of 52 U.S.C. § 30109(a)(12)(A). This section prohibits making public any notification or investigation conducted by the Federal Election Commission without the express written consent of the person under investigation.

Rev. 2018

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FEDERAL ELECTION COMMISSION
1050 First Street, NE
Washington, DC 20463

Digitally signed
by Kathryn Ross
Date: 2018.08.16
18:56:30 -04'00'

STATEMENT OF DESIGNATION OF COUNSEL

Provide one form for each Respondent/Witness

EMAIL: cela@fec.gov

FAX 202-219-3923

AR/MUR/RR/P-MUR# 7462

Name of Counsel: ETHAN ANDREW WAY

Firm: WAY LAW FIRM, P.A.

Address: 1020 E. LAFAYETTE STREET, SUITE 112

TALLAHASSEE, FLORIDA 32301

Office#: 850 412 0142 Fax#: 888 274 7988

Mobile#: 850 519 3199

E-mail: ethan@waylawfirm.com

The above-named individual and/or firm is hereby designated as my counsel and is authorized to receive any notifications and other communications from the Commission and to act on my behalf before the Commission.

8/15/2018

Date

Bob Rackleff

(Signature - Respondent/Agent/Treasurer)

Respondent

Title

BOB RACKLEFF

(Name - Please Print)

RESPONDENT:

BOB RACKLEFF FOR CONGRESS

(Please print Committee Name/ Company Name/Individual Named in Notification Letter)

Mailing Address:
(Please Print)

502 D HILLCREST STREET

TALLAHASSEE FLORIDA 32308

Home#: _____

Mobile#: _____

Office#: 850 212 5663

Fax#: N/A

E-mail: _____

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